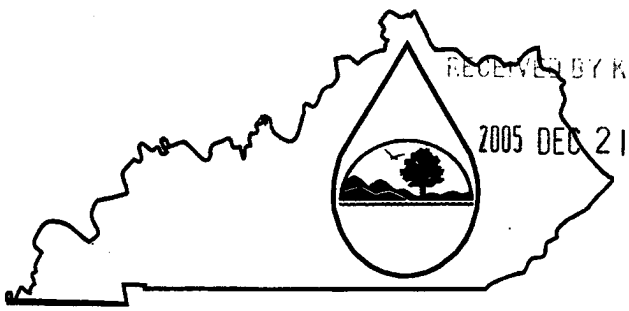
KPDES FORM 1

✓ AI-995



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2005 DEC 21 P 3:46

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☑ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	5	2	2	6	4

A. Name of business, municipality, company, etc. requesting permit
City of Sandy Hook

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Sandy Hook KY	Owner Name: City of Sandy Hook
Facility Location Address (i.e. street, road, etc.): PO Box 274 MAIN and BANK St.	Mailing Street: BANK AND MAIN St.
Facility Location City, State, Zip Code: Sandy Hook KY. 41171	Mailing City, State, Zip Code: SANDY Hook KY 41171
	Telephone Number: (606) 738-9872 or 6489

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
Oxidation Ditch plant
Municipality Domestic waste

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	✓4952		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
Elliott	Sandy Hook

C. Body of water receiving discharge: Little Sandy River

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
38° 05' 02"	83° 07' 37"

E. Method used to obtain latitude & longitude (see instructions):

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☑ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Mark Smith	(606) 738-4503
Operator Mailing Address (Street): RR # 32	
Operator Mailing Address (City, State, Zip Code): Isonville KY 41149	
Is the operator also the owner? Yes ☐ No ☑	Is the operator certified? If yes, list certification class and number below. Yes ☑ No ☐
Certification Class: III	Certification Number: 15162

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0052264	June 1 2002	MAY 31 2006
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Mark Smith
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	City of Sandy Hook
DMR Mailing Street:	P.O. Box 274 BANK and Main St
DMR Mailing City, State, Zip Code:	Sandy Hook KY 41171
DMR Official Telephone Number:	(606) 738-9872 or 6489

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

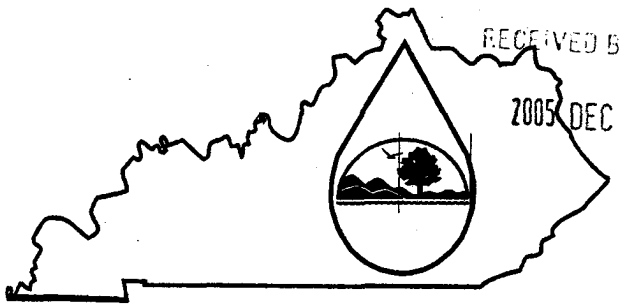
Facility Fee Category:	Filing Fee Enclosed:
MuN	

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mark Smith	(606) 738-9872
SIGNATURE	DATE:
Mark Smith	12/20/05

KPDES FORM A



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KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

I. FACILITY DESCRIPTION	AGENCY USE							

A. Name of Facility Where Discharge Will Occur:	Owner of Facility:
City of Sandy Hook wastewater	City of Sandy Hook
Location - Number and Street or Other Identifier:	County:
P.O. Box 274 MAIN AND Bank St.	
City:	
Sandy Hook KY 41171	

B. Indicate if part of your discharge is into a municipal waste transport system under another responsible organiation.
Yes ☐ (Continue) No ☑ (Go to C)

Name of organization receiving discharge:	
Address: (Number and Street):	City:
State:	Zip Code:
Name of Facility (waste treatment plant) which ultimately receives discharge:	
Give your average daily flow into the receiving facility in mgd: mgd	

C. Discharge (See instructions)

Discharge To	Number of Discharge Points	Total Volume Discharged (mgd)
Surface Water	1	APPROX. .170
Surface Impoundment With No Effluent		
Underground Percolation		
Well (Injection)		
Other (Describe):		

D. Intermittent discharges (see instructions)

Number of Bypass Points:	Overflow Points:	Number of Seasonal Discharge Points:

FACILITY DESCRIPTION (Continued)

E. Indicate the type and length (in feet) of the collection system used by this facility. (See instructions)

Collection System Type: Separate Sanitary - Separate Storm Length (feet): Approx. 11 miles

F. Municipalities or Area Served (See instructions)

NAME	ACTUAL POPULATION SERVED
City of Sandy Hook	Approx. 2,000
Total population served:	2,000

Total estimated average daily waste flow from all industrial sources: MGD

G. Maps and drawings (See instructions - Figure A and B)

H. Additional information (Attach additional sheets if needed)

Sheet Attached

II. BASIC DISCHARGE DESCRIPTION

A. Discharge Serial Number: 001	Discharge Name (if any)
Previous Discharge Serial Number (if any) 001	
B. Discharge Operating Dates: Beginning Date (yy/mm)	

If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge:

N/A

C. Specify type of discharge point (See instructions) 12" ductile pipe to concrete outlet flow

D. Latitude and longitude of discharge point

Latitude (degrees/minutes/seconds):	Longitude (degrees/minutes/seconds):
38° 05' 02"	83° 07' 37"

E. Name the waterway at the point of discharge (See instructions): Little Sandy River

II. BASIC DISCHARGE DESCRIPTION (continued)

Complete Items F, G, or H as applicable: ☐ Not applicable

F. If discharge is from a bypass point:	WET WEATHER	DRY WEATHER
Check when bypass occurs:	☐	☐
Give the number of bypass incidents	N/A per year	per year
Give the average duration of bypass	hours	hours
Give the average volume per incident	1,000 gallons	1,000 gallons

Give reasons why bypass occurs:

G. If discharge is from an overflow point:	WET WEATHER	DRY WEATHER
Check when overflow occurs	☐	☐
Give the number of overflow incidents:	N/A per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons

H. If discharge is intermittent from a holding pond, lagoon, etc: ☐ Not applicable

Give the number of times this discharge occurs per year:	
Give the average volume per discharge occurrence: N/A	(1,000 gallons)
Give the average duration of each discharge:	(days)
List month(s) when the discharge occurs:	

I. Describe treatment units which apply to this discharge:

Using the codes listed in Table I of the instructions, describe in order of occurrence the treatment units applied (see example with Table)

U.V. Lights

Describe the sludge handling and disposal methods. (Please indicate disposal site.)

Belt press, haul to Landfill to local Sanitation 300 old Phelps Rd. Morehead KY 40351

J. Check if the following are currently available:

☐ Engineering Design Report ☑ Operation and Maintenance Manual

B. DISCHARGE DESCRIPTION (continued)

K. Plant design data

Plant design flow:	.510	mgd
Plant design 5-day BOD removal:	> 85	%
Plant design N removal:	N/A	%
Plant design P removal:	N/A	%
Plant design SS removal:	> 85	%
Plant began operation:	2003	(year)
Plant last major revision:	2003	(year)

K. Description of influent and effluent (see instructions)

PARAMETER AND CODE	INFLUENT	EFFLUENT					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow Million gallons per day	4,670		3.29	6.64	once monthly	1	contin.
00400 pH Units							
74028 Temperature (winter) °F	N/A						
74027 Temperature (summer) °F	N/A						
75054 Fecal Streptococci Bacteria Number/100 ml (Provide if available)				N/A			
74055 Fecal Coliform Bacteria Number/100 ml (Provide if available)				33.25	1/wk	52	Grab
74056 Total Coliform Bacteria Number/100 ml (Provide if available)							
00310 BOD mg/l	N/A						
00340 Chemical Oxygen Demand (COD) mg/l (Provide if available) OR 00685 Total Organic Carbon (TOC) mg/l (Provide if available)	N/A						
50060 Chlorine - Total Residual mg/l	N/A						
00500 Total Solids mg/l	107.55		22	19.5	1/wk	52	composite
70300 Total Dissolved Solids mg/l	N/A						
00530 Total Suspended Solids mg/l	N/A						

II.L. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

PARAMETER AND CODE		INFLUENT	EFFLUENT					
		Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545	Settleable Matter (Residue) ml/l	N/A						
00610 mg/l	Ammonia (asN)*	N/A						
00625 mg/l	Kjeldahl Nitrogen*	N/A						
00615 mg/l	Nitrite (as N)*	N/A						
00620 mg/l	Nitrate (as N)*	N/A						
00665 mg/l	Phosphorus Total (as P)*				0.3	1/wk	52	Composite
00300 mg/l	Dissolved Oxygen (DO)				11.2	1/wk	52	Grab
01092 mg/l	Zinc - Total				.0041	1/yr	1	Composite
00940 mg/l	Chloride							
Hardness - Total (as $CaCO_3$) mg/l					11.65	1/yr	1	Composite

* Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

	PARAMETER (215)			PARAMETER (215)			PARAMETER (215)	
☐	Bromide 71870	N/A	☐	Cobalt 01037	N/A	☐	Thallium 01059	N/A
☐	Cyanide 00720	N/A	☐	Chromium 01034	N/A	☐	Titanium 01152	N/A
☐	Fluoride 00951	N/A	☑	Copper 01042		☐	Tin 01102	N/A
☐	Sulfide 00745	N/A	☐	Iron 01045	N/A	☐	Algicides* 74051	N/A
☐	Aluminum 01105	N/A	☑	Lead 01051		☐	Chlorinated organic compounds* 74052	N/A
☐	Antimony 01097	N/A	☐	Manganese 01055	N/A	☐	Oil and grease 00550	N/A
☐	Arsenic 01002	N/A	☐	Mercury 71900	N/A	☐	Pesticides* 00550	N/A
☐	Beryllium 01012	N/A	☐	Molybdenum 01062	N/A	☐	Phenols 32730	N/A
☐	Barium 01007	N/A	☐	Nickel 01067	N/A	☐	Surfactants 38260	N/A
☐	Boron 10122	N/A	☐	Selenium 01147	N/A	☐	Radioactivity* 74050	N/A
☑	Cadmium 01027		☐	Silver 01077	N/A			

* Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition,* Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

II. BASIC DISCHARGE DESCRIPTION (Continued)

N. Is there an alternative power source for major pumping facility including those for collection system lift stations?

☑ Yes ☐ No

Is there an alarm for power or equipment failure? ☑ Yes ☐ No

O. Additional information:

we have 12 uplift stations two of which have alternative power source we have a generator set at the prison site and also a generator set at the plant but the other ten stations do not have alternative power but do have alarm system's

III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION (See Instructions)

A. Improvements required:

1. List the discharge serial numbers, assigned in Item II, that are covered by this implementation schedule.

001				

2. List the authority or authorities which ordered the improvements (See instructions).

3. Specify the 3-character code from Table II, General Action Description, that best describes the improvements required by the implementation schedule. Also list all the Specific Action, 3-character codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

General Action Description			
Specific Action Description(s)			

B. Provide dates imposed by schedule and actual completion dates for implementation steps listed.

Implementation Step	Scheduled Completion (Year/Month/Day)	Actual Completion (Year/Month/Day)
Preliminary plan completion		
Final plan completion		
Financing complete and contract award		
Site acquisition		
Start of construction		
End of Construction		
Start of discharge		
Attainment of operational level		

TO BE COMPLETED FOR EACH MAJOR INDUSTRIAL CONTRIBUTOR

IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM (See Instructions)

A. Name of Major Contributing Facility:
Number and Street:
City, State, Zip Code:
County:

B. Primary Standard Industrial Classification Code:

C. Principal product or raw material (see instructions).

		Quantity	Units (See Table III)
Product			
Raw Material			

Brief description of production process:

D. Indicate volume of water discharged into the municipal system: (gallons per day)
Is discharge: ☐ Continuous ☐ Intermittent
E. Is pretreatment provided prior to entering the municipal system? ☐ Yes ☐ No

F. Characteristics of wastewater (see instructions).

Parameter Name							
Parameter Number							
Value							
Parameter Name							
Parameter Number							
Value							

V. PRETREATMENT AND LOCAL LIMITS

1. Pretreatment Program. Does this facility have an approved pretreatment program?
   ☐ Yes (complete item 2 - 4) ☐ No (go to Section VI)
2. Is this facility required to establish local limits?
   ☐ Yes ☐ No
3. Are the local limits technically-based?
   ☐ Yes ☐ No
4. Has a technical evaluation of the need to revise this facility's local limits been completed?
   ☐ Yes ☐ No
   If yes, attach a copy of the evaluation)
   If no, a copy of the evaluation must be submitted within ninety (90) days of the effective date of your permit.

VI. BIOLOGICAL TEST DATA (BIOMONITORING)

1. Does the current KPDES permit require biological testing and reporting?
   ☐ Yes ☐ No (Complete Item 2)
2. Has biological testing been performed on the POTW effluent?
   ☐ Yes ☐ No
   If yes, attach a copy of results and lab sheets.

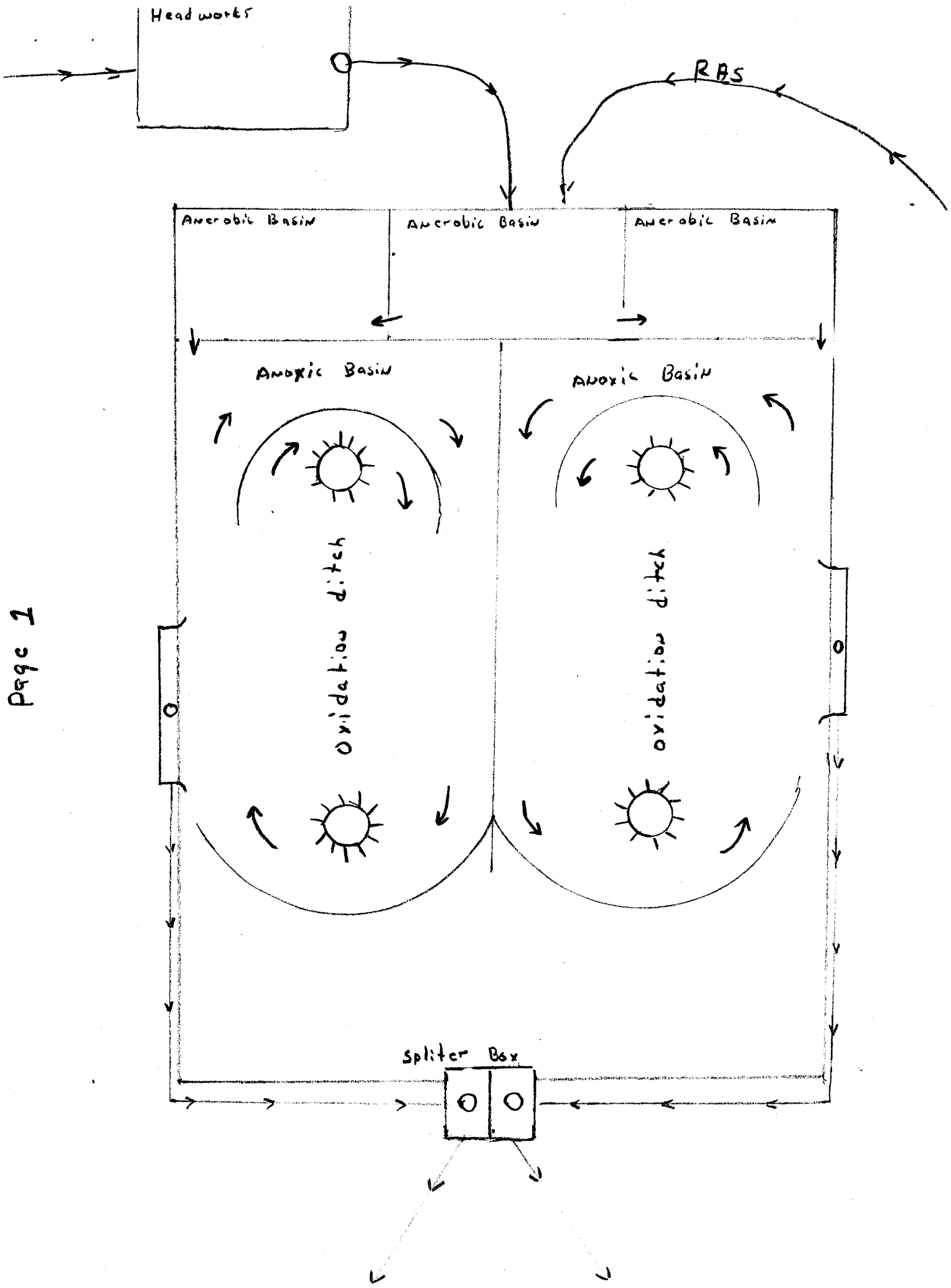
   (Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with an approved pretreatment program which receive industrial waste must submit biomonitoring results before the application is deemed complete.)

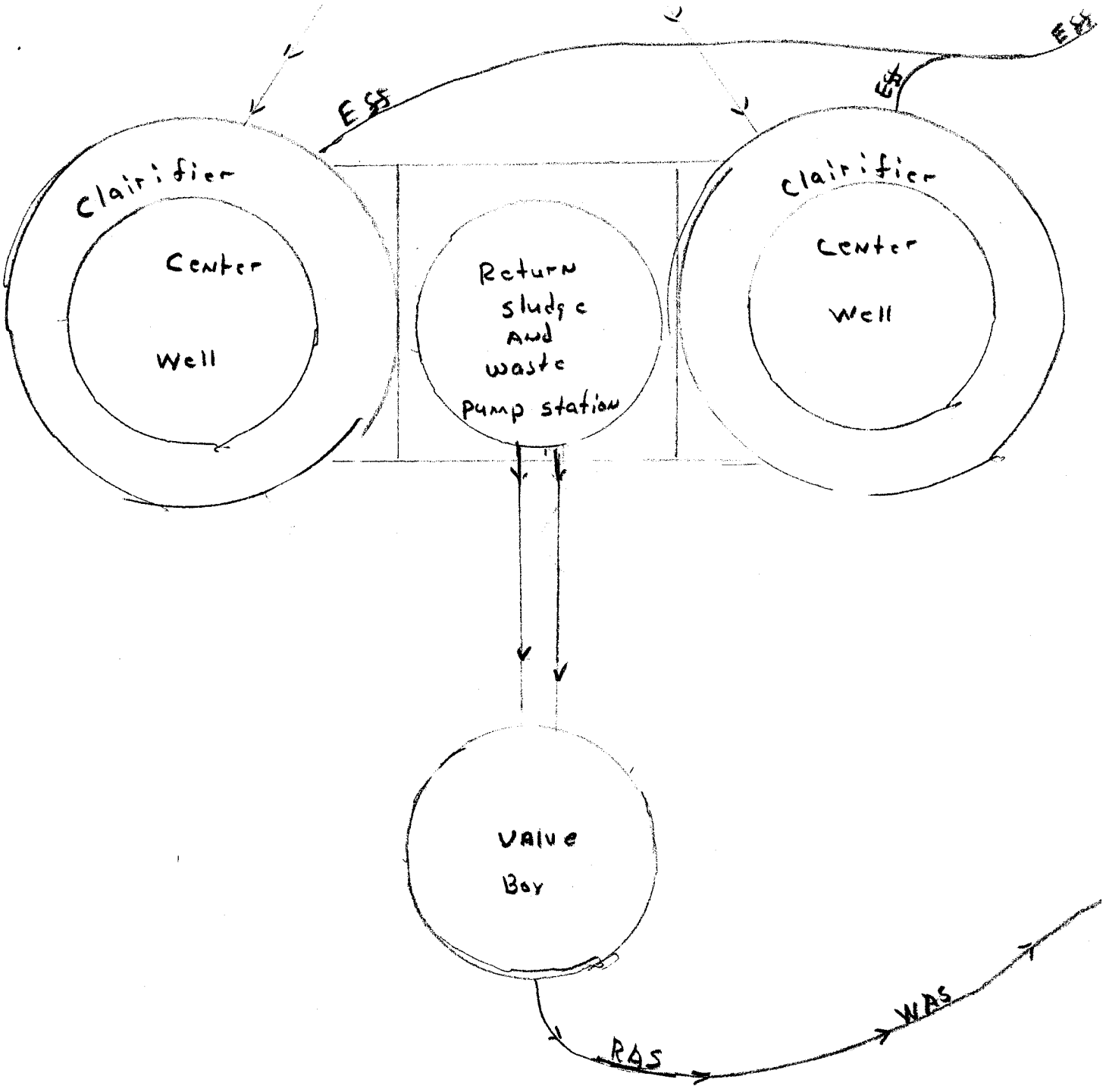
VII. CERTIFICATION

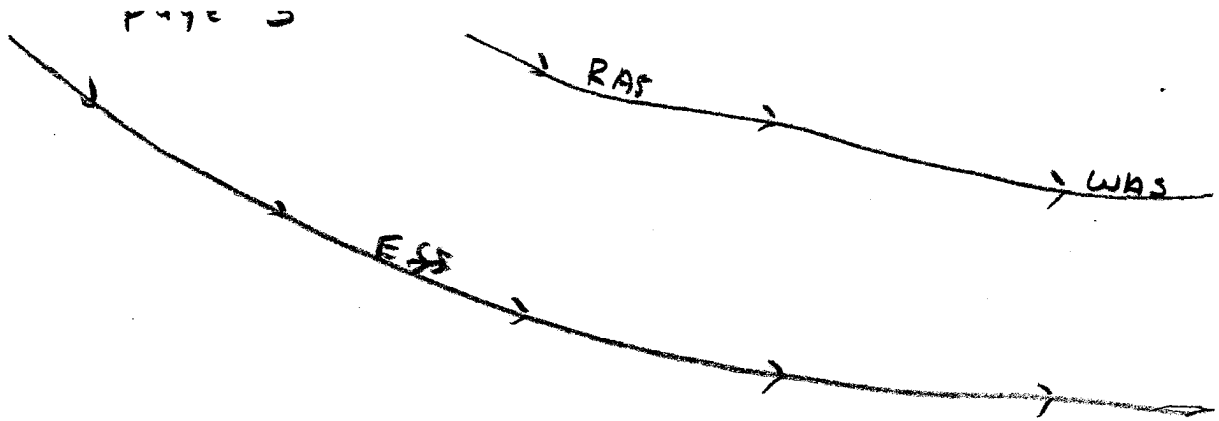
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

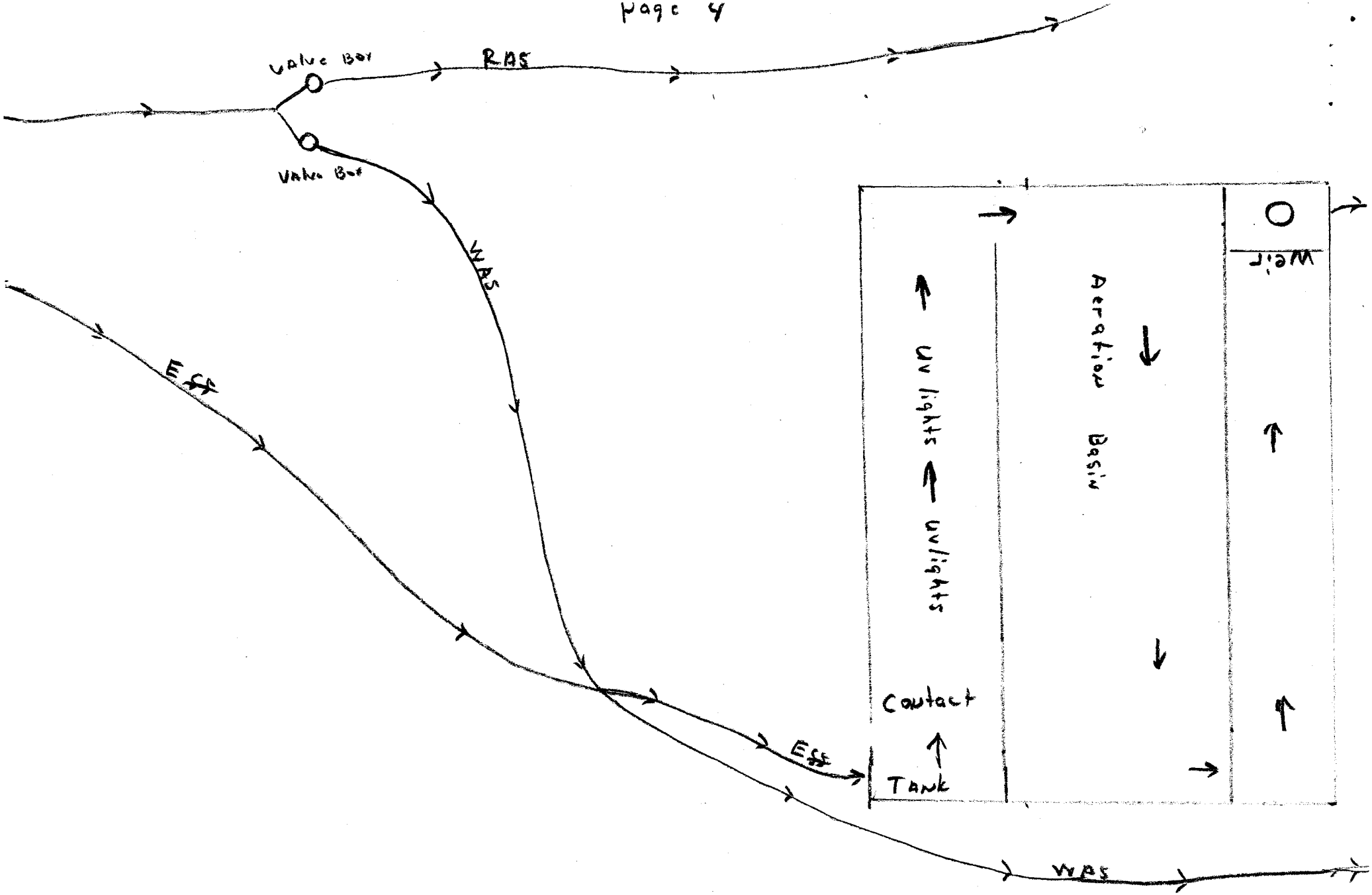
NAME AND OFFICIAL TITLE (Type or Print)	PHONE NO. (Area Code and Number)
Mark Smith	(606) 738-9872 or 738-6489
SIGNATURE	DATE
Mark Smith	12/16/05

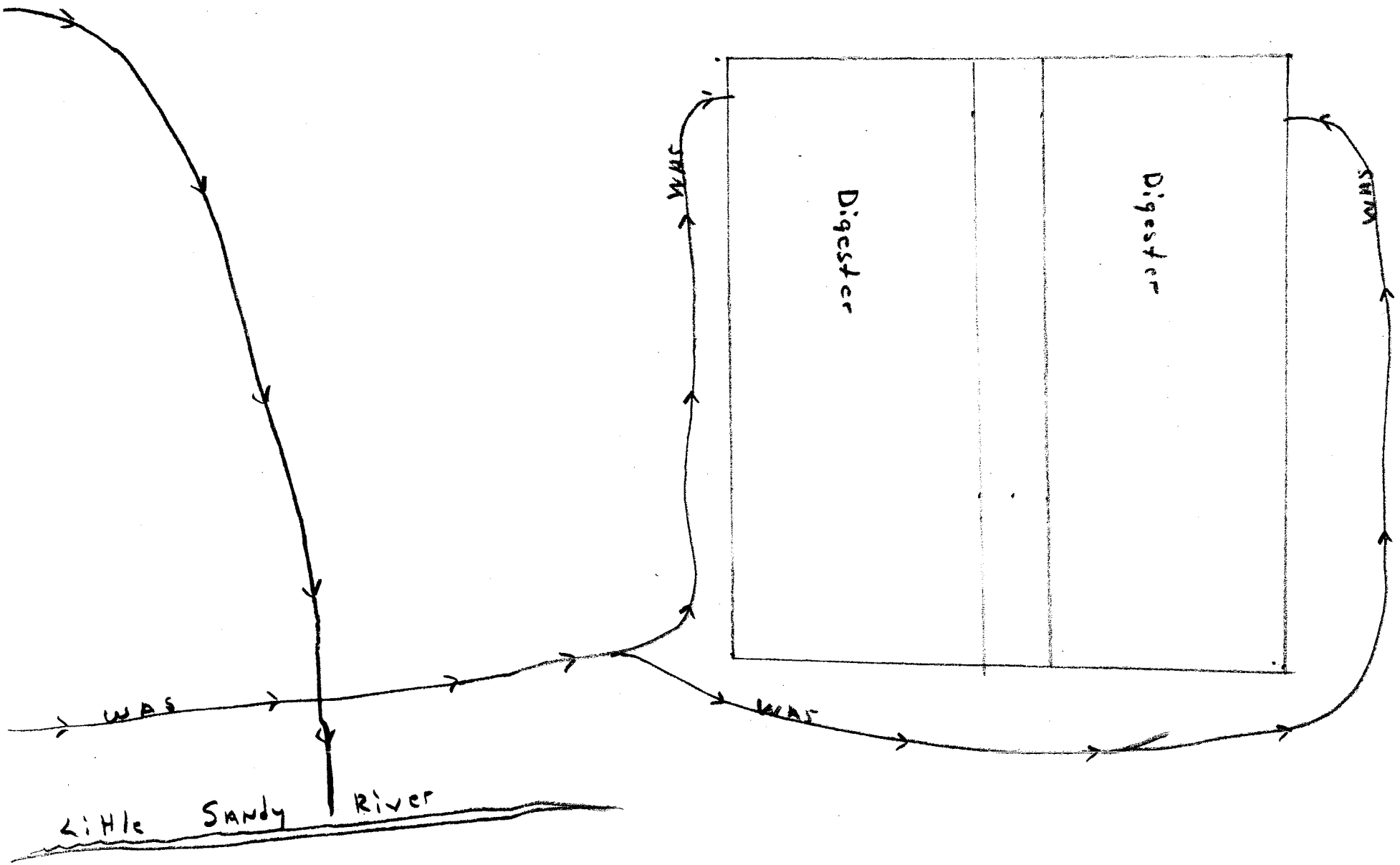

SANDY HOOK QUADRANGLE
KENTUCKY
7.5 MINUTE SERIES (TOPOGRAPHIC)
SW/4 ISONVILLE 15' QUADRANGLE
#360 II NE (BRUIN)
310 10'
311
312
2 320 000 FEET
313
83°07'30"
38°07'30"
4221
4220
4219
220 000 FEET
4218
Cem
Creek
Sandy Hook
BM 775
BM 781
BM 721
River
Package Plant
discharge Point


Headworks
RAS
Anerobic Basin
Anerobic Basin
Anerobic Basin
Anoxic Basin
Anoxic Basin
oxidation ditch
oxidation ditch
Splitter Box


Clairifier
Center
Well
Return
sludge
and
waste
pump station
Clairifier
Center
Well
ESS
ESS
ESS
Valve
Box
RAS
WAS


RAS
WBS
ESS


Valve Box
RAS
Valve Box
WAS
Eff
Eff
Contact
Tank
UV lights
UV lights
Aeration Basin
Weir
WAS


Digester
Digester
WAS
WAS
WAS
Little Sandy River